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POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/541,010
	Filing Date	June 28, 2005
	First Named Inventor	Günter SALIGER et al
	Title	METHOD FOR AUTOMATICALLY
	Art Unit	4153
	Examiner Name	Tarun K. Srivastava
	Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

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05514

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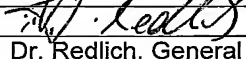
☐ Applicant/Inventor.

OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____.

SIGNATURE of Applicant or Assignee of Record

Signature		Date	13.06.09
Name	Dr. Redlich, General Counsel E/AP	Telephone	0043-662-2450-535
Title and Company	Sirona Dental Systems GmbH		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

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